09764

Death

MARYLAND STATE DEPARTMENT OF HEALTH ~~Birth & Death~~

CERTIFICATE OF ~~STILLBIRTH~~

Reg. Dist. No. 181

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

M

C

1. PLACE OF BIRTH:

County HARFORD

City or town Aberdeen
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:
Station Hospital Aberdeen Proving Ground

Length of mother's stay in County 2 years
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland

County Harford

City or town Edgewood
(If outside city or town limits, write RURAL and give nearest town)

Street No. 26 Armstrong St.
(If RURAL give LOCATION)

3. Name of child Frank Anania

4. Date of birth Oct 18 1949 Hour 6:40 P.M.

5. Sex Male | 6. Twin or triplet Single

7. No. of weeks pregnancy 36

FATHER OF CHILD

8. Full name Anania, August James

9. Color White 10. Age at time of this birth 32 yrs.

11. Usual occupation Soldier - Sgt

MOTHER OF CHILD

12. Full maiden name Bergantino, Rose

13. Color W 14. Age at time of this birth 33 yrs.

15. Usual occupation N wife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? 1
(b) How many other children were born alive but are now dead? 0 (c) How many other children were *born* dead? 0

17. Did child die before labor? No During labor? No.

18. Pregnancy, complications of
Breech presentation

19. Labor: (a) Complications of
(b) Induced? No.

20. (a) Was there an operation for delivery? No
(Yes or No)
(b) State all operations, if any
(c) Did child die before operation? No
During operation? No

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
(a) Fetal causes
(b) Maternal causes

773.5
160c

22. I certify to the birth of this child who was born ~~dead~~* on the date and hour above stated.

Signature R. B. Turner Capt., M.C
(Specify if M. D., midwife, or other)

Address Sta Hosp, Aberdeen PrGr, Md.

23. (a) Oct 20 Burial (b) Date thereof Oct. 20
(Burial, cremation or removal) (month) (day) (year)
(c) Cemetery or crematory Post Cemetery Edgewood

24. (a) Funeral director Quarter Master
(b) Address Edgewood - Md

25. (a) Oct 19-49 (b) Nellie H. Riley
(Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

Child lived 6 hours and 50 minutes

I

T

V. S. A10

RECEIVED
OCT 25 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09765

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen rural
STREET ADDRESS (If rural, give location) Bush Chapel Road.

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) A. (Last) Anderson

4. DATE OF DEATH: (Month) Oct (Day) 9 (Year) 1949

5. SEX: F. | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | DATE OF BIRTH: Jan 1st 1864 | 9. AGE last birthday: 85 yrs. | If under 1 year: Months 7 Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Lancaster Pennsylvania | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown | 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs Stewart.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	12 hr.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Myocardial Degeneration	5 yr.
	(c) Coronary Arteriosclerosis	5 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1948, to Oct. 9, 1949, that I last saw the deceased alive on Oct. 9, 1949, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE Peter P. Rodman (Degree or title) M.D. ADDRESS Corner Bel Air & Parke, Aberdeen Md. DATE SIGNED 10/11/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct. 13, 1949 | NAME OF CEMETERY OR CREMATORY Towson Colored Cemetery | LOCATION (City, town, or county) Towson, Balto. Co. (State) Maryland

DATE REC'D BY LOCAL REG. Oct. 12-49 | REGISTRAR'S SIGNATURE Nellie H. Riley | 24. FUNERAL DIRECTOR Henry Tarring & Sons | ADDRESS Aberdeen Md.

VS. A15

RECEIVED
CIVIL 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09766

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harlington Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE N.Y. — COUNTY KING CO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BROOKLYN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elsie (Middle) Huntzman (Last) Armfield

4. DATE OF DEATH: (Month) October (Day) 31 (Year) 1949

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 1-29-06

9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): BROOKLYN N.Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: CHRISTOPHER HUNTZMAN

14. MOTHER'S MAIDEN NAME: BERTHA HUNTZMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: ANDREW ARMFIELD (HUSBAND)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture cervicle vertebra — INTERVAL BETWEEN ONSET AND DEATH: none

816.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

1700 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture R tibia — none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: US Route 1 (CITY OR TOWN) Street (COUNTY) Harford (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 31 1949 9:45 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? car hit by tractor trailer

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Gerald C Palmer M D Deputy Medical Examiner — Harford Co — Bel Air, Md — 11/1/49

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify): REMOVAL — DATE THEREOF: 11/4/49 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county): BROOKLYN — (State): N.Y.

DATE REC'D BY LOCAL REG.: 11/2/49 — REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Charles L Law - 802 Mad. Ave.

Evidence for addition of #21 shown on:

09767

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FHM No. G 12 NOV 23 1949

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY Harford — Army Chemical Center, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Dispensary Army Chemical Center, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Texas COUNTY Deaver
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN San Antonio
STREET ADDRESS (If rural, give location) 42 L Street ✓

3. NAME OF DECEASED (Type or Print): (First) Ricardo (Middle) — — (Last) Avila
4. DATE OF DEATH: (Month) October (Day) 16 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: Mexican
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 24 Jan 1931
9. AGE last birthday: 18 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: U S Army
11. BIRTHPLACE (State or foreign country): Texas
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME: Unknown
14. MOTHER'S [redacted]: Jesusa A Avila
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): 9/22/48
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: 42 L Street, San Antonio, Texas

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

729.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 183 (b) None

(c) None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accidental
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Gunpowder River (CITY OR TOWN) (COUNTY): Harford (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 10/16/49 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Drowning (11/23/49 - G.S.)

22. I hereby certify that I attended the deceased from [illegible] that I last saw the deceased [illegible] and that death occurred at TIME UNKNOWN 16 Oct 49 m., from the causes and on the date stated above.

SIGNATURE: Leon A. P. Stein
LEON A. P. STEIN, Captain M. C. Post Surgeon (See sect #1) 23 Oct 49
(Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
DATE: 10/24/49
NAME OF CEMETERY OR CREMATORY: SAN ANTONIO
LOCATION (City, town, or county) (State): TEXAS

DATE REC'D BY LOCAL REG.: 10-24-49
REGISTRAR'S SIGNATURE: A. W. Hedrick DR.
24. FUNERAL DIRECTOR: WILLY & ZEILER INC.
ADDRESS: BALTO. MD.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

09768

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford Maryland MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Harford COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carsins Run — LENGTH OF STAY (in this place) 64 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carsins Run
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) -

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mary Ann Baker	4. DATE OF DEATH (Month) (Day) (Year): 10/ 24/49 19
5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Separated — 8. DATE OF BIRTH: 3/23/1885	9. AGE last birthday: 64 yrs. — If under 1 year: Months 7 Days 1 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife — 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Harford Co. Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Christmas Day Coale	14. MOTHER'S MAIDEN NAME: Fannie C. Keithley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) — 16. SOCIAL SECURITY NO.	17. INFORMANT: Mrs. Nathan Moore (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Oedema — 1 day.

443 Antecedent cause(s) (b) Chronic Myocarditis c̄ Ascites — 1 year.

63b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Hypertension and Thyrotoxicosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1945, to Oct 24th, 1949, that I last saw the deceased alive on October 24, 1949, and that death occurred at 11:20 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Forster Walbert	M.D.	Havre de Grace Md.	Oct 26. 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 10/27/49	NAME OF CEMETERY OR CREMATORY: Smiths Chapel	LOCATION (City, town, or county) (State): Churchville, Md.
DATE REC'D BY LOCAL REG.: Oct. 26-49	REGISTRAR'S SIGNATURE: Nellie H. Riley	24. FUNERAL DIRECTOR: Pennington & Son	ADDRESS: Pennington & Son, Havre de Grace

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09769

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-air; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 Hayes Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air; STREET ADDRESS (If rural, give location) 211 Bond Street

3. NAME OF DECEASED (Type or Print): (First) Katie (Middle) Bishop (Last)

4. DATE OF DEATH: (Month) 10 (Day) 13 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan 1, 1872

9. AGE last birthday: 77 yrs. If under 1 year: Months 10, Days 12; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Harford County Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wesley Moore

14. MOTHER'S MAIDEN NAME: Jane Spriggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs Fannie Jackson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic C V disease — Interval Between Onset and Death: 2 years

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1947, to Oct 13, 1949, that I last saw the deceased alive on Oct 11, 1949, and that death occurred at 3 30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Gerald C Palmer M.D. ADDRESS: Bel Air md. DATE SIGNED: Oct 13, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF: 10/16/49 NAME OF CEMETERY OR CREMATORY: Heavens Hill LOCATION (City, town, or county) (State): Bel-air, Harford Md

DATE REC'D BY LOCAL REG. 10/15/49 REGISTRAR'S SIGNATURE: Priscilla Forwood

24. FUNERAL DIRECTOR: Elmer E Bullock ADDRESS: Havre de Grace Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 14 1969
BUREAU T. S.

09771

Evidence for change in age shown on:

FILM No. G 122 OCT 28 1949

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill Rural
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE High Rock, York COUNTY Pa
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) H (Last) Bowers

4. DATE OF DEATH (Month) October (Day) 23 (Year) 1949

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH March 9 1914
9. AGE last birthday ~~34~~ 35 yrs. If under 1 year Months 7 Days 14 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) East Hopewell - Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Howard M Bowers
14. MOTHER'S MAIDEN NAME Elcie Blanche Mitzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World war 2
16. SOCIAL SECURITY No.
17. INFORMANT Howard M Bowers

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
819.5 Immediate cause	(a) Fracture skull	None
170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 24 (CITY OR TOWN) Forest Hill (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 23 1949 2A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? His car hit tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer M.D. Deputy Medical Examiner Harford County Bel Air Md. 10/23/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 25-49
NAME OF CEMETERY OR CREMATORY Mt Pleasant,
LOCATION (City, town, or county) York Co. (State) Pa

DATE REC'D BY LOCAL REG. 10/23/49
REGISTRAR'S SIGNATURE Priscilla Lowood
24. FUNERAL DIRECTOR Charles E. Kurtz ADDRESS Jarrettsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 26 1949
BUREAU V. S.

Death [redacted] 09370 Death.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~

Reg. Dist. No. 187

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:
   County: Harford
   City or town: Aberdeen, Maryland
   (If outside city or town limits, write RURAL and give nearest town)
   Street address, hospital, or institution: Station Hospital Aberdeen Prv. Gd
   Length of mother's stay in County: 10 months
   (How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:
   State: Maryland
   County: Baltimore
   City or town: Middle River
   (If outside city or town limits, write RURAL and give nearest town)
   Street No.: Apt. 7-C Byway - South.
   (If RURAL give LOCATION)

3. Name of child: —
4. Date of birth: Oct. 16 1949 Hour: 8:20 P.M.
5. Sex: Male | 6. Twin or triplet:
7. No. of weeks pregnancy: 28 weeks.

FATHER OF CHILD

8. Full name: Douglas Austin BRIGDON
9. Color: White 10. Age at time of this birth: 28 yrs.
11. Usual occupation: Captain U. S. Army

MOTHER OF CHILD

12. Full maiden name: Elizabeth Ann Lentz
13. Color: White 14. Age at time of this birth: 25 yrs.
15. Usual occupation: Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? None
(b) How many other children were born alive but are now dead? None (c) How many other children were born dead? None

17. Did child die before labor? No During labor? No
18. Pregnancy, complications of: Mother RH neg. Father RH +. Premature Labor
19. Labor: (a) Complications of: None
(b) Induced? No
20. (a) Was there an operation for delivery? No (Yes or No)
(b) State all operations, if any: —
(c) Did child die before operation? —
During operation? —

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
(a) Fetal causes: Prematurity (6 Mo. fetus) Cause Unknown.
(b) Maternal causes:
770.5

22. I certify to the birth of this child who was born dead* on the date and hour above stated.
159
Signature: Laura Hill Kremer M.D.
(Specify if M. D., midwife, or other)
Address: Station Hospital, A.P.G.

23. (a) Burial (Burial, cremation or removal) (b) Date thereof 10-18-49 (month) (day) (year)
(c) Cemetery or crematory: Edgewood Army Chemical Center
24. (a) Funeral director: Henry Tarring & Sons.
(b) Address: Aberdeen Maryland.

25. (a) Oct 17-49 (Date rec'd by registrar) (b) Nellie L. Riley (Registrar)
26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
Health Officer, per

* See Instruction C on stub.

V. S. A10

Child lived 8 hrs 50 min.

RECEIVED
OCT 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09772

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Belair. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walter Convalescent Home R.F.D.-1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Jacob (Last) Bull.

4. DATE OF DEATH: (Month) October (Day) 30 (Year) 1949.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced.

8. DATE OF BIRTH: March 25 1878

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction.

11. BIRTHPLACE (State or foreign country): Baltimore Co., Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Thomas Bull.

14. MOTHER'S MAIDEN NAME: Margaret Ellen Stiffler.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Dorothy Smith-Hampstead, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY THROMBOSIS — Sudden death

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
932 (b) Chr. Cardio-Vascular Disease
(c) Cerebral Thrombosis — 1947.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1, 1948, to Oct 30, 1949, that I last saw the deceased alive on Oct 28, 1949, and that death occurred at 7:00A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willard P. Hudson, M.D. Forest Hill, Md 10/30/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Nov. 1, 1949 | NAME OF CEMETERY OR CREMATORY: Pine Grove U.B. Cem. | LOCATION (City, town, or county) (State): Parkton, Md.

DATE REC'D BY LOCAL REG. 10/31/49 | REGISTRAR'S SIGNATURE: Priscilla Towwood | 24. FUNERAL DIRECTOR ADDRESS: J. Jacob Hartenstein, New Freedom, Pa.

VS. A15

SEP 7 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09773

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchville
LENGTH OF STAY (in this place) Since birth
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Churchville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Linda (Middle) MAY (Last) BURCHETT

4. DATE OF DEATH: (Month) OCTOBER (Day) 23 (Year) 1949

5. SEX: F

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: Oct. 8, 1949

9. AGE last birthday: yrs. — If under 1 year: Months — Days 15 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harford Co, Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm Howard Burchett

14. MOTHER'S MAIDEN NAME: Hazel A. Kellum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Wm H. Burchett, Churchville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intestinal Obstruction (Invagination) — Interval Between Onset and Death: 22 hrs?

570.0 Antecedent cause(s)

122 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 8, 1949, to Oct 23, 1949, that I last saw the deceased alive on Oct 17, 1949, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

Willard P. Hudson M.D. Forest Hill, Md — 10-23-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 10/24/49 — NAME OF CEMETERY OR CREMATORY: Oakmore — LOCATION (City, town, or county) (State): Harford Co. Md

DATE REC'D BY LOCAL REG. 10/23/49 — REGISTRAR'S SIGNATURE: Priscilla Towood

24. FUNERAL DIRECTOR — ADDRESS: Joseph T. Foster Bel Air Md

RECEIVED
OCT 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09774

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dublin; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dublin; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) W. (Last) Burkens

4. DATE OF DEATH: (Month) Oct. (Day) 31 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: May 5 1871

9. AGE last birthday: 78 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Dick

14. MOTHER'S MAIDEN NAME: Elizabeth McCann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Mrs. Geo Burkins, Bel Air Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Acute Congestive Heart failure — Interval Between Onset and Death: 6 hrs.

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis C.V disease

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to Oct. 31, 1949, that I last saw the deceased alive on Oct 29, 1949, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Malcolm Dudley Phillips MD | Darlington Md | 11/3/49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | Nov 3 1949 | Dublin Cem | Harford Co Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

Nov 3 1949 | C. A. Kirk | H. S. Bailey | Darlington, Md.

09775

Evidence for change of age shown on;

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

FILM No. G 122 NOV 2 1949

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood, R.D. — LENGTH OF STAY (in this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia — COUNTY Fairfax
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alexandria
   STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) A. (Middle) D. (Last) Cephas

4. DATE OF DEATH: (Month) Oct. (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7/23/1876

9. AGE last birthday: 72 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Warrenton Va.,

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT: W.C. Arnold, Alexandria, Va.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture Skull — Interval Between Onset and Death: none

812.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170c (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: N S Route 40 (CITY OR TOWN) Edgewood (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 24 1949 6A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hit by car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS: Gerald C Palmer M DD County Medical Examiner Harford County Bel Air Md. — DATE SIGNED: 10/24/49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 10/25/49 — NAME OF CEMETERY OR CREMATORY: W.C. Arnold — LOCATION (City, town, or county) (State): 311 N. Patrick St., Alex., Va.

DATE REC'D BY LOCAL REG.: Oct 25, 1949 — REGISTRAR'S SIGNATURE: Mame M. Mondedale.

24. FUNERAL DIRECTOR ADDRESS: Howard K. Mc Comas & Son Abingdon Md.

VS. A15A

RECEIVED
OCT 27 1949
BUREAU U. S.

09776

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) L (Last) Cheek

4. DATE OF DEATH (Month) October (Day) 5 (Year) 1949

5. SEX Male
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH May 22 1881
9. AGE last birthday 68 yrs. If under 1 year Months Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Security Agent
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alexander Cheek
14. MOTHER'S MAIDEN NAME Sarah Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Embolus

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Traumatic pneumonia

94a (c) Coronary occlusion

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Pneumonia

19a. DATE OF OPERATION no
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-30, 1949 to 10-5, 1949 that I last saw the deceased alive on 10-5, 1949 and that death occurred at 2:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. L. Lewis M.D. ADDRESS Havre de Grace Md DATE SIGNED 10-5-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/8/49
NAME OF CEMETERY OR CREMATORY Maplewood
LOCATION (City, town, or county) Durham N.C. (State)

DATE REC'D BY LOCAL REG. Oct. 5-49
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Hall & Wynne, Durham N.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 7 1949
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09777

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forest Hill (rural) — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Forest Hill (rural)
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ETTA (Last) COSNER

4. DATE OF DEATH: (Month) OCTOBER (Day) 30 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Feb 25 1873

9. AGE last birthday: 76 yrs. If under 1 year: Months 8 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fairmont W. Va.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Springer

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Barker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Edna Shires, Bata. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prob. Myeloid Leukemia — Interval between onset and death: 1 year.

204.1

Antecedent cause(s)

74a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 31, 1947, to OCT. 30, 1949, that I last saw the deceased alive on OCT. 30, 1949, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE: Robert Barthel (Degree or title) M.D. ADDRESS: Forest Hill Maryland DATE SIGNED: Nov. 1, 1949.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov 2, 1949 — NAME OF CEMETERY OR CREMATORY: Rock Spring — LOCATION (City, town, or county) (State): Forest Hill, Harford Co. Md.

DATE REC'D BY LOCAL REG.: 11/1/49 — REGISTRAR'S SIGNATURE: Priscilla Fourwood

24. FUNERAL DIRECTOR — ADDRESS: Martin G. Kurtz, Jarrettsville, Md.

RECEIVED
1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09778

CERTIFICATE OF DEATH

Reg. Dist. No. 18-1

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Bel Air
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bel Air
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Richard	Herbert	Cullum	October	28	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Single	Oct. 5 1949	yrs.	23	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Freeman J. Cullum	Dorothy E. Cullum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Mr. Freeman J. Cullum

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Malnutrition	3 weeks
772.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
158 (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 5, 1949, to Oct 28, 1949, that I last saw the deceased alive on Oct 23, 1949 and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jerold C Palmer MD		Bel Air Md	10/28/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	Oct. 30, 1949	Calvary	Near Churchville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 29-49	Miller J. Riley	Henry Tarring & Sons	Aberdeen, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
OCT 29 1949
BUREAU V. S.

RECEIVED
OCT 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09780

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

T

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Hospital Aberdeen PrGr, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 7 Holloway Lane

3. NAME OF DECEASED (Type or Print): (First) Edson (Middle) C. (Last) Duffin, Jr.
4. DATE OF DEATH: (Month) October (Day) 17 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1-18-46
9. AGE last birthday: 3½ yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Edson C. Duffin
14. MOTHER'S MAIDEN NAME: Ruth Fuller Russell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Edson C. Duffin

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Asphixia	4 hours
273 64 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertrophy of the thymus	------
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) Gerald C Palmer M.D. — ADDRESS GERALD C. PALMER, MD., Deputy Medical Examiner, Harford County, Bel Air, Maryland — DATE SIGNED 17 Oct 1949

23. BURIAL, CREMATION REMOVAL (Specify) Cremation — DATE THEREOF Oct 19th. 1949 — NAME OF CEMETERY OR CREMATORY Greenmount — LOCATION (City, town, or county) Baltimore (State) Maryland.

DATE REC'D BY LOCAL REG. Oct-18-49 — REGISTRAR'S SIGNATURE Nellie B Kelly

24. FUNERAL DIRECTOR Henry Tarring 2nd — ADDRESS Son Aberdeen

RECEIVED
OCT 20 1949
BUREAU V. S.

Eivdence for change of age shwon on (over)

FILM No. G 1 22 OCT 28 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

69781

Reg. Dist. No. 186

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Harford — Army Chemical Center, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Station Dispensary Army Chemical Center, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: New Mexico — COUNTY: Unknown
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Santa Fe
STREET ADDRESS (If rural, give location): 515 Jose Street ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Juan	D	Duran	October	16	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Mexican	Single	27 Aug 1931	~~17~~ 18 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: U S Army
11. BIRTHPLACE (State or foreign country): New Mexico
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Mrs Catalina Duran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service): 17 Sep 48 RA 18 255 191
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: 515 Jose Street, Santa Fe, New Mexico

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Drowning	
929.8 Antecedent cause(s)		
183 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) None	
	(c) None	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accidental	Dunfowder Creek		Harford	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
10/16/49 m.		Drowning (11/23/49 a.s)

22. I hereby certify that I attended the deceased from ~~[illegible]~~ that I last saw the deceased Time Unknown 16 October 1949 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leon A. P. Stein			
LEON A. P. STEIN,	Captain, M. C.	Post Surgeon (See Sect #1)	22 Oct 49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	10/24/49	SANTA FE	NEW MEXICO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-24-49	H. W. Hedrick	WILLIAM LEITER INC.	BALTO. MD.

Dm

Evidence for addition of #21 shown on:

FILM No. G 1[illegible] NOV 23 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09782

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston; STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Levi		Gates	October	21	1949

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white		Nov. 15, 1864	85 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland Harford Co	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Gates	Ella Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No No	No	Mr. Harry Gates, Bel-Air Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	10 da.
332 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83b	(b) Generalized Arteriosclerosis	?
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov —, 19 39., to Oct. 21., 1949., that I last saw the deceased alive on Oct. 16., 19 49., and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson M.D.	Forest Hill, Md.	Oct. 23, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct 25 1949	Deer Creek Cem	Harford Co, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/24/49	Priscilla Norwood	H.B. Bailey	Darlington, Md.

VS. A15

RECEIVED
OCT 20 1969
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09783

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; STATE Maryland MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Francis Villa

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) Commerce & Market

3. NAME OF DECEASED (Type or Print): (First) Sister M. Gendolpha (Middle) (Bomberger) (Last)

4. DATE OF DEATH: (Month) 10/ (Day) 10/49 (Year) 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 4/9/1872
9. AGE last birthday: 77 yrs. If under 1 year: Months 9, Days 1; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Bomberger
14. MOTHER'S MAIDEN NAME: Mary Storath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Sclerosis — Interval Between Onset and Death: 4 yrs.

Antecedent cause(s) 422.1 / 93d — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cardiac Vascular Disease 2 yrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10, 19 48, to 10/10, 19 49, that I last saw the deceased alive on 10/10, 19 49, and that death occurred at 6:00 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Foley ADDRESS Havre de Grace DATE SIGNED 10/11/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 10/ 12/49
NAME OF CEMETERY OR CREMATORY: Holy Redeemer
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. Oct. 11-49
REGISTRAR'S SIGNATURE: A. L. Lewis M.D.
24. FUNERAL DIRECTOR: Pennington & Son
ADDRESS: Havre de Grace

RECEIVED
OCT 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 09784

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 18-1

1. PLACE OF DEATH: COUNTY Harford. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen | LENGTH OF STAY (in this place) 75 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS #12 Taft St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS #12 Taft St. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) O. (Middle) Oscar (Last) Gilbert
4. DATE OF DEATH: (Month) October (Day) 30 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Dec. 3 1873	75 yrs.				

10a. USUAL OCCUPATION (Give kind of wnrk done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Grocery Machine Dealer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Calvin Gilbert
14. MOTHER'S MAIDEN NAME: Fannie Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Mr. Calvin Oscar Gilbert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic C V disease	One month
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 93d	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Gerald C Palmer M.D.	Deputy Medical Examiner	Harford County Bel Air, Md	10/30/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 2, 1949	Spesutia	Perryman Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 1-1949	Nellie L. Riley	Henry Jarrington & Sons	Aberdeen Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 3 1949
BUREAU V. S.

09785

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Havre de Grace — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 515 Bourbon St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Havre de Grace
STREET ADDRESS (If rural give location): 515 Bourbon, St.

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Walsh (Last) Gilbert
4. DATE OF DEATH (Month) Oct. (Day) 24. (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Jan. 16, 1864
9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Duties
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jas. Wm. Walsh
14. MOTHER'S MAIDEN NAME: Mary Lucretia Balthis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: M. J. Lawson Gilbert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-10, 1946, to 10-24 1949 that I last saw the deceased alive on 10-20 1949, and that death occurred at 3P m., from the causes and on the date stated above.

SIGNATURE: A. L. Lewis M.D. (Degree or title) — ADDRESS: Havre de Grace Md. — DATE SIGNED: 10-26-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Oct. 27, 49 — NAME OF CEMETERY OR CREMATORY: Baker's Cem. — LOCATION (City, town, or county): Harford Co. — (State): Md.

DATE REC'D BY LOCAL REG.: Oct. 26-49 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D.
24. FUNERAL DIRECTOR: R. Madison Mitchell — ADDRESS: Havre de Grace Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09786

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper X Roads — LENGTH OF STAY (in this place) 28 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper X Roads
STREET ADDRESS (If rural, give location) Baldwin Rd Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Malinda	Amanda	Grimsley	Oct.	30	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	Widow	Sept 6 1869	80 yrs.	1	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	N. C.	^

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm Bugh	Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
—	—	Mrs. W. B. Absher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Arteriosclerotic Heart Disease	5 yrs.
526 Antecedent cause(s) (b) Bronchiectasis	12 yrs
938 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic Arthritis	12 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—	—	—	m.	—	—

22. I hereby certify that I attended the deceased from May 19, 1939, to Oct. 30, 1949, that I last saw the deceased alive on Oct. 30, 1949, and that death occurred at 10:10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Clifford F. Hudson	M.D.	York,	Md 10/31/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county)	(State)
Burial	Nov. 1-49	Upper X Roads, Baptist	Upper X Roads	Harford Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/31/49	Priscilla Foxwood	Martin E Kurtz	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09779

CB

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Darlington | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Brooklyn N. Y. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Belle (Middle) Douglass (Last) H, 11

4. DATE OF DEATH: (Month) October (Day) 31 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) | 8. DATE OF BIRTH: October 1897 | 9. AGE last birthday: 52 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): South Carolina | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Jones | 14. MOTHER'S MAIDEN NAME: Julia Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT: Nora Jones Columbia 1226 S. C.

18. MEDICAL CERTIFICATION — Primary

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture cervicle vertebra	none
816.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
170c	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture both bones both legs — none

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) US Route 1 Street | (CITY OR TOWN) | (COUNTY) Harford | (STATE) Md.

TIME OF INJURY: (Month) Oct (Day) 31 (Year) 1949 (Hour) 945 p m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Car hit by tractor trailer

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Gerald C Palmer M D Deputy Medical Examiner Harford Co. Bel Air Md. 11/1/49

23. ~~BURIAL~~, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF Nov. 3 1949 | NAME OF CEMETERY OR CREMATORY Columbia | LOCATION (City, town, or county) South Carolina (State)

DATE REC'D BY LOCAL REG. Nov. 4 1949 | REGISTRAR'S SIGNATURE C. H. Kirk | 24. FUNERAL DIRECTOR H. S. Bailey | ADDRESS Darlington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09787

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAURE DE GRACE
LENGTH OF STAY (in this place) 3½ DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH EAST
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) KATHLEEN (Middle) (Last) HOLLISTER

4. DATE OF DEATH: (Month) OCTOBER (Day) 14 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MARCH 1, 1879

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): ENGLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES EDGINTON

14. MOTHER'S MAIDEN NAME: LOUISA JAKEMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	48 hrs
260 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	10 yrs.
61	(c) Cerebral Hemorrhage	4 wks
		72 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis with Hypertension

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Oct, 1949, to 14 Oct, 1949, that I last saw the deceased alive on 13 Oct, 1949, and that death occurred at 3:25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wallace H Sadowsky MD Perryville, Md 14 Oct '49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 10-18-49

NAME OF CEMETERY OR CREMATORY: St Mary Anns Episcopal

LOCATION (City, town, or county) (State): North East Md

DATE REC'D BY LOCAL REG.: Oct. 17-49

REGISTRAR'S SIGNATURE: A. L. Lewis M. D.

24. FUNERAL DIRECTOR ADDRESS: Joseph R. Geary North East Md

VS. A15

RECEIVED
OCT 20 1949
BUREAU V. S.

M

09788

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
LENGTH OF STAY (in this place) ellcafe
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) WILSON (Last) KIRK.
4. DATE OF DEATH (Month) 10 (Day) 26 (Year) 1949

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2-4-1902
9. AGE last birthday 47 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist
10b. KIND OF BUSINESS OR INDUSTRY Dentist
11. BIRTHPLACE (State or foreign country) Darlington Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Walter Benjamin Kirk
14. MOTHER'S MAIDEN NAME Margaret Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Cornelia Kirk

18. MEDICAL CERTIFICATION Darlington, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremic Poisoning

442 Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular Renal

(c) disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1946 to 10-26, 1947, that I last saw the deceased alive on 10-26, 1949, and that death occurred at 9.40 P. m., from the causes and on the date stated above.

SIGNATURE R C Dodson (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 10-27-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Oct 28, 1949
NAME OF CEMETERY OR CREMATORY Darlington Cem
LOCATION (City, town, or county) (State) Harford Co. Md.

DATE REC'D BY LOCAL REG. Oct. 27, 1949
REGISTRAR'S SIGNATURE C. W. Kirk
24. FUNERAL DIRECTOR H S Bailey ADDRESS Darlington Md.

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 5 1949
U.S.

Evidence for change in #21 shown on:

09789

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 122 NOV 28 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 65 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 517 S. Washington

3. NAME OF DECEASED (Type or Print) (First) Mervin (Middle) Jackson (Last) Leffler

4. DATE OF DEATH (Month) 10/2/49 (Day) (Year) 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 9/20/1884
9. AGE last birthday 65 yrs. If under 1 year Months 0 Days 12 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired P.R.R. Machinist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Havre de Grace, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Albert Leffler
14. MOTHER'S MAIDEN NAME Elizabeth Moseman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Cornelia K. Leffler (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s)

46b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) II Carcinoma Stomach

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/23, 1949, to 10/2, 1949, that I last saw the deceased alive on 10/2, 1949, and that death occurred at 6:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J Foley ADDRESS Havre de Grace Md DATE SIGNED 10/3/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 10/5/49
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Oct. 4-49
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS Pennington & Son, Havre de Grace, Md

Cause of death 11/25/49 alec

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09790

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace
STREET ADDRESS (If rural give location) Home

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Ellen (Last) Lilly

4. DATE OF DEATH: (Month) Oct. (Day) 12 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 9 1863

9. AGE last birthday: 86 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired House Duties

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Coale

14. MOTHER'S MAIDEN NAME: Sarah Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) —

16. SOCIAL SECURITY No. —

17. INFORMANT: Mr. Ida Buerhaus

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 6, 1949 to Oct 12 1949 that I last saw the deceased alive on Oct 12, 1949, and that death occurred at 2 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
C. L. Lewis M.D. | Havre de Grace Md | 10-13-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Oct. 15, 49 | NAME OF CEMETERY OR CREMATORY: Smith's Chapel | LOCATION (City, town, or county): Harford | (State): Md.

DATE REC'D BY LOCAL REG. Oct. 13-49 | REGISTRAR'S SIGNATURE: C. L. Lewis M. D. | 24. FUNERAL DIRECTOR: R. Madison Mitchell | ADDRESS: Havre de Grace, Md.

VS. A15

RECEIVED
OCT 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09791

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Harford — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harford County Joppa P.O.
LENGTH OF STAY (In this place): 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Harford County, Md. Joppa P.O.
STREET ADDRESS (If rural, give location): Trimble Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) (Last) Lohr

4. DATE OF DEATH: (Month) Oct. (Day) 14th (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: March 1885

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Lohr

14. MOTHER'S MAIDEN NAME: Katherine Glatzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. Andrew Lohr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	15 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (asthma) arterial sclerotic heart disease	years
	(c) Paralysis of side (Electric shock)	35 yrs

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on Oct 14, 1949, and that death occurred at 9 P m., from the causes and on the date stated above.

SIGNATURE: Ned O Hudson — (Degree or title): M.D. — ADDRESS: Edgewood Md — DATE SIGNED: 10-14-49

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: 10/17/49 — NAME OF CEMETERY OR CREMATORY: Parkwood — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR'S REG.: 10/17/49 — REGISTRAR'S SIGNATURE: H.W. Hedrick

24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS: 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09792

Reg. Dist. No. 38

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County Harford

City or town Joppa

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2YRS

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD. County HARFORD

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No. SHELL FARM JOPPA, MD

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Anthony (OR) ANTONI Majka

3. (b) Social Security Number 212 - 32 - 4201

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6.(b) Name of husband or wife JOSEPHINE MAJKA. 6.(c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) APRIL 2 1900

8. AGE: Years	Months	Days	If less than one day
49	6	13	hrs. min.

9. Birthplace BALTIMORE (Town, county, and state)

10. Usual occupation PAINTER

11. Industry or business

FATHER 12. Name EGGIE MAJKA.

13. Birthplace POLAND.

MOTHER 14. Maiden name ?

15. Birthplace POLAND.

16. Informant JOSEPHINE B MAJKA.

Address SHELL FARM JOPPA MD.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof OCT 19 1949 (month) (day) (year)

Cemetery or crematory ST STANISLAUS

Location DUNDALK AVE

18. Funeral director DIPPEL BROS

Address 1800 E LOMBARD ST

19. 10/18 19 49 A.W. Hedrick Registrar

(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 19 49, at 10:30 PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct 15 19 , to 19

and that I last saw h alive on 19

Immediate cause of death	DURATION
Coronary Occlusion	1 hour
Due to hypertensive heart disease	4 yrs.
Due to	
Other conditions 420.1	
932 (Include pregnancy within 3 months of death)	

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Fred O Hodrow M.D

Acting Deputy Medical Examiner

Address Edgewood, Md. Date signed 10-15-49

Evidence for addition of #21 is on:

FILM No. G 122 NOV 23 1949

09793

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH · COUNTY: Harford · Army Chemical Center, MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Texas · COUNTY: Unk
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: · LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laredo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Station Dispensary, Army Chemical Center, Md.	STREET ADDRESS (If rural, give location): Box 1104 ✓

3. NAME OF DECEASED (Type or Print)	(First) Patricio	(Middle) M	(Last) Pena	4. DATE OF DEATH	(Month) October (Day) 16 (Year) 1949
5. SEX: Male	6. COLOR OR RACE: Mexican	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 30 Nov 1930	9. AGE last birthday: 18 yrs.	If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY: U S Army	11. BIRTHPLACE (State or foreign country): Texas	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: Jose A Pena			14. MOTHER'S MAIDEN NAME: Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes	(If year, give war or dates of service): 30 Aug 48	16. RA 18 255 111	17. INFORMANT AND ADDRESS		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

929.8 Antecedent cause(s)

183 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) None

(c) None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accidental	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Gunpowder River	(CITY OR TOWN):	(COUNTY): Harford	(STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): 10/16/49 m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? Drowning (11/23/49 a.s.)		

22. I hereby certify [redacted] time unknown 16 Oct 49 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leon A. P. Stein LEON A. P. STEIN,	Captain M.C.	Post Surgeon (See Sect #1)	22 Oct 49

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify)	DATE: 10/24/49	NAME OF CEMETERY OR CREMATORY: LAREDO	LOCATION (City, town, or county) (State): TEXAS
DATE REC'D BY LOCAL REG.: 10-24-49	REGISTRAR'S SIGNATURE: Wm Hedrick	24. FUNERAL DIRECTOR: LILLY & ZEILER INC.	ADDRESS: BALTO. MD.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09794

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
LENGTH OF STAY (in this place) 17 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY HARFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE DE GRACE
STREET ADDRESS (If rural give location) 415 S. STOKES ST.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) E. (Last) PINION

4. DATE OF DEATH: (Month) October (Day) 6 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: BLACK

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: April 11, 1888

9. AGE last birthday: 61 (X) yrs. If under 1 year: Months 5 Days 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: ✓

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? UNITED STATES

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: MAGGIE GIDDINGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: SON (GEORGE PINION)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral - vascular Thrombosis

023 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
30e (b) Syphilitic C-V Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/3, 1949, to 10/6, 1949, that I last saw the deceased alive on 10/6, 1949, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank N. Faraino M.D. ADDRESS Harford Memorial Hospital DATE SIGNED 10-9-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 10/9/49 | NAME OF CEMETERY OR CREMATORY: St James Cemetery | LOCATION (City, town, or county) (State): Havre de Grace Md

DATE REC'D BY LOCAL REG. Oct. 9-49 | REGISTRAR'S SIGNATURE: G. L. Lewis M. D. | 24. FUNERAL DIRECTOR: Elmer E Bullock ADDRESS Havre de Grace

VS. A15

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OCT 11 1949
BUREAU V. S.

09795

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) S. (Middle) Elizabeth (Last) Proctor
4. DATE OF DEATH (Month) Oct (Day) 3 (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH Mar 23/1854
9. AGE last birthday 95 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Harford Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John R Spencer
14. MOTHER'S MAIDEN NAME Sarah Bailey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Geo. A Simon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Age 95
93d (c)

INTERVAL BETWEEN ONSET AND DEATH: Few hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1926, to ....., 1949, that I last saw the deceased alive on Oct 3, 1949, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE P B Hopkins (Degree or title) MD ADDRESS Bel Air Md DATE SIGNED Oct 4/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 6/49
NAME OF CEMETERY OR CREMATORY Rock Spring
LOCATION (City, town, or county) (State) Near Forest Hill, Harford Md

DATE REC'D BY LOCAL REG. 10/5/49
REGISTRAR'S SIGNATURE Priscilla Towood
24. FUNERAL DIRECTOR Joseph S Foster ADDRESS Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09796

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) ~~OR~~ TOWN Darlington
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Grafton (Middle) D (Last) Roussey
4. DATE OF DEATH: (Month) Oct (Day) 5 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify): Single
8. DATE OF BIRTH: July 25 1885
9. AGE last birthday: 64 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter & Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harford Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ashton F. Roussey
14. MOTHER'S MAIDEN NAME: Clara Jane McNutt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT: Miss Mary R Roussey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	none
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY: (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Gerald C Palmer M.D. Deputy Medical Examiner Harford County Baltimore Md 10/5/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State)
Burial Oct. 8 1949 Darlington Cem Harford Co. Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS
Oct 7 1949 C. H. Kirk H. S. Bailey

VS. A15A

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OCT 14 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09797

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford Co. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fountain Green
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fountain Green Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) A. (Last) Stanton

4. DATE OF DEATH: (Month) October (Day) 17 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Nov 27 1858

9. AGE last birthday: 90 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Patrick Bradley

14. MOTHER'S MAIDEN NAME: Alice S. Quinn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Delia Bradley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	3 days
490 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 108	(b) Lobar Pneumonia	5 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11, 1949, to 10/17, 1949, that I last saw the deceased alive on 10/16, 1949, and that death occurred at 12:05 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford F. Hudson M.D. Fork Md. 10/17/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Oct. 19-49

NAME OF CEMETERY OR CREMATORY: St. Stephens

LOCATION (City, town, or county) (State): Bradshaw Md.

DATE REC'D BY LOCAL REG.: 10/18/49

REGISTRAR'S SIGNATURE: Priscilla Towood

24. FUNERAL DIRECTOR: Clarence E. Arthur ADDRESS: Fork Md.

VS. A15

RECEIVED
OCT 20 1949
BUREAU U. S.

ITEMS 3, 5, 6: Dr. Dulaney's statement filmed G122 10-31-49 LL
ITEM 7 " " " " " 11-3-49 wh

MARYLAND STATE DEPARTMENT OF HEALTH

10218

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Rural; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS A

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Har; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace R. D. 1; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Augustus (Middle) EDGAR EDWARD (Last) Styer

4. DATE OF DEATH: (Month) Oct (Day) 26 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 12/12/96

9. AGE last birthday: 53 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Pumpman

10b. KIND OF BUSINESS OR INDUSTRY: B. & O. RR.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elmer E. Styer

14. MOTHER'S MAIDEN NAME: Mary E. Gaynor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World I

16. SOCIAL SECURITY NO.: 218 10 8649

17. INFORMANT: Mrs. Charolett Styer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 3 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 420.1 94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

K K Dulaney M.D. Asst. Deputy Medical Examiner Aberdeen Md 10/27/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Oct. 29

NAME OF CEMETERY OR CREMATORY: Bakers

LOCATION (City, town, or county) (State): Aberdeen Md

DATE REC'D BY LOCAL REG. Oct. 29-49

REGISTRAR'S SIGNATURE: Nellie H. Riley

24. FUNERAL DIRECTOR ADDRESS: Henry Tarring and Sons

VS. A15A

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OCT 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09798

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — Harford Memorial Hospital — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) V (Last) TOWNSLEY
4. DATE OF DEATH: (Month) October (Day) 16 (Year) 1949
5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: December 1870
9. AGE last birthday: 79 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Benjamin Temple
14. MOTHER'S MAIDEN NAME: Elizabeth Moore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 420.0
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 93d
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 2, 1949, to October 16, 1949, that I last saw the deceased alive on October 16, 1949, and that death occurred at 1.45 P. m., from the causes and on the date stated above.
SIGNATURE E H Bichardt M.D. (Degree or title) ADDRESS Harford Memorial Hospital Havre de Grace Md. DATE SIGNED Oct. 16, 49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Oct. 18 1949 | NAME OF CEMETERY OR CREMATORY Mountain View Cem | LOCATION (City, town, or county) Joppa Md. (State)
DATE REC'D BY LOCAL REG. Oct. 16-49 | REGISTRAR'S SIGNATURE C. L. Lewis M.D. | 24. FUNERAL DIRECTOR Clarence E. Arthur ADDRESS Forest

RECEIVED
OCT 19 1949
BUREAU U. S.

09799

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Havre de Grace
LENGTH OF STAY (in this place) Unknown
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Unknown COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) unknown
STREET ADDRESS (If rural, give location) Unk nown

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Unknown
4. DATE OF DEATH (Month) (Day) (Year) October 7 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ?
8. DATE OF BIRTH Unknown
9. AGE last birthday About 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY Unknown
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No. Unknown
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Unknown —

7953 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

200 b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer MD Deputy Medical Examiner Harford County Bel Air Md 10/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/9/49
NAME OF CEMETERY OR CREMATORY Angel Hill
LOCATION (City, town, or county) (State) Havre de Grace, Md.

DATE REC'D BY LOCAL REG. Oct. 8-49
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS Pennington & Son, Havre de Grace

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

T

RECEIVED
OCT 11 1949
BUREAU T. S.

09800

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Henry (Last) Wallace

4. DATE OF DEATH: (Month) Oct. (Day) 30, (Year) 1949

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married — 8. DATE OF BIRTH: May 19 1870 — 9. AGE last birthday: 79 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer — 10b. KIND OF BUSINESS OR INDUSTRY: On Farm — 11. BIRTHPLACE (State or foreign country): Harford Co. Md. — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hon. Wallace — 14. MOTHER'S MAIDEN NAME: Margaret Hopkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No — 16. SOCIAL SECURITY NO.: No — 17. INFORMANT AND ADDRESS: Mrs. Joseph Wallace Darlington, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Uremic Poisoning	2 mos
422 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	2 yr
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	None	

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 17, 19 49, to Oct 30 19 49, that I last saw the deceased alive on Oct 25, 19 49, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED
L. Smith Jones M.D. Darlington Md. 10/30/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Nov. 2 1949 — NAME OF CEMETERY OR CREMATORY: Cedars Cem — LOCATION (City, town, or county) (State): Harford Co Md

DATE REC'D BY LOCAL REG. Oct 31, 1949 — REGISTRAR'S SIGNATURE: C. K. Kirk

24. FUNERAL DIRECTOR — ADDRESS: H. S. Bailey Darlington, Md.

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09801

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen (rural) LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen (rural)
STREET ADDRESS (If rural give location) near Carsons Run.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) E. (Last) Welsh
4. DATE OF DEATH (Month) 10 (Day) 1 (Year) 1949
5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Aug. 30 1885
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic & Maintenance man
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Thomas P. Welsh
14. MOTHER'S MAIDEN NAME Gussie N. Barbett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Joseph E. Welsh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage.

331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

83a (c) Arterio Sclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/ 1948, to 10/1, 1949 that I last saw the deceased alive on 10/1, 1949, and that death occurred at 12:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles J. Riley ADDRESS Havre de Grace Md DATE SIGNED 10/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 3. 1949
NAME OF CEMETERY OR CREMATORY Bakers cemetery
LOCATION (City, town, or county) Aberdeen Harford (State) Md.
DATE REC'D BY LOCAL REG. Oct. 3-1949
REGISTRAR'S SIGNATURE Nellie H. Riley
24. FUNERAL DIRECTOR Henry Farring and Sons ADDRESS aberdeen

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 8 1969
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09802

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford Maryland MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Harford COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (in this place) 32 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 414 S. Market

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) William Marshall Wettig	4. DATE OF DEATH (Month) (Day) (Year) 10/9/49 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	2/ 19/1903	46 yrs.	7	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Springdale, Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert F. Wettig		14. MOTHER'S MAIDEN NAME Anna E. Dawson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Elma C. Wettig, Havre de Grace, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

Antecedent cause(s)

154 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomatosis

46d (c) Carcinoma of Rectum

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3-4-45	19b. MAJOR FINDINGS OF OPERATION Carcinoma of rectum	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-12-, 1945, to 10-9-, 1949, that I last saw the deceased alive on 10-9, 1949, and that death occurred at 2 45 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. L. Lewis M.D.		Havre de Grace Md	10-11-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/11/49	Angel Hill	Havre de Grace, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 11-49	A. L. Lewis M.D.	Pennington & Son	Pennington & Son, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 13 1949
BUREAU V. S.

RECEIVED
OCT 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09803

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) (Last) Whims

4. DATE OF DEATH: (Month) October (Day) 24 (Year) 1949

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 21-1879

9. AGE last birthday: 70 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: T. Whims

14. MOTHER'S MAIDEN NAME: Mahmmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Frank Tilden Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cancer of stomach with metastases

151 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 46b (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10/10/49

19b. MAJOR FINDINGS OF OPERATION: Ca of Stomach with metastases

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/3, 1949, to 10/24, 1949, that I last saw the deceased alive on 10/24, 1949, and that death occurred at 2:25 P m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Harford Memorial Hospital; M.D. ADDRESS J.B. Faraino DATE SIGNED 10/24/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Oct. 29. 1949 | NAME OF CEMETERY OR CREMATORY: Union M.E. | LOCATION (City, town, or county): Near Aberdeen (State): Md

DATE REC'D BY LOCAL REG.: Oct. 27-49 | REGISTRAR'S SIGNATURE: G.L. Lewis M.D.

24. FUNERAL DIRECTOR: Henry Fanning Sons ADDRESS: Aberdeen Md

VS. A15

RECEIVED
OCT 28 1949
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

09804

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Aberdeen PrGr
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Qtrs T-382-B Aberdeen PrGr, Maryland.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Illinois — COUNTY: Cook
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chicago
STREET ADDRESS (If rural, give location): 4453 North Ashland Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) Carlin (Middle) H. (Last) Whitesell
4. DATE OF DEATH: (Month) October (Day) 14 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 22 June 1884
9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Army Officer - Retired
10b. KIND OF BUSINESS OR INDUSTRY: US Army (Lt Col)
11. BIRTHPLACE (State or foreign country): Indianapolis, Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Arthur H. Whitesell
14. MOTHER'S MAIDEN NAME: Grace Hamlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1901-1919 1942-1944
16. SOCIAL SECURITY NO.: 324-05-4056
17. INFORMANT: Capt Willis J. Whitesell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	none
420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Gerald C Palmer MD
GERALD C. PALMER, MD. Deputy Medical Examiner Harford County, Maryland

23. BURIAL, CREMATION REMOVAL. (Specify): Burial | DATE THEREOF: Oct. 18, 1949 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county): Arlington (State): Va

DATE REC'D BY LOCAL REG.: Oct 19-49 | REGISTRAR'S SIGNATURE: Nellie H. Riley

24. FUNERAL DIRECTOR: Howard R. McCormack Son — ADDRESS: Aberdeen Maryland

VS. A15A

RECEIVED
OCT 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09805

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrington, Rural — LENGTH OF STAY (In this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walters Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville, Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Catharine (Middle) Eggert. (Last) Williams

4. DATE OF DEATH: (Month) Oct. (Day) 16 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 7-17-1867

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Eggert

14. MOTHER'S MAIDEN NAME: Catherine Mohr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Frank R. Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr. Myocardial Disease — 7

422.2 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rt. Sided hemipligia — 10 mos

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 28, 1949, to Oct. 16, 1949, that I last saw the deceased alive on Oct. 15, 1949, and that death occurred at 5 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Willard P. Hudson M.D. — Forest Hill Md. — 10/17/49

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE 10-19-1949 | NAME OF CEMETERY OR CREMATORY West Nottingham | LOCATION (City, town, or county) (State) Colora, Md. Rural

DATE REC'D BY LOCAL REG. Oct. 18, 1949 | REGISTRAR'S SIGNATURE C. H. Kirk | 24. FUNERAL DIRECTOR — ADDRESS

Lee A. Patterson & Son — Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 27 1949
BUREAU F. S.

09806

MARYLAND STATE DEPARTMENT OF HEALTH BC

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15A

1. PLACE OF DEATH: COUNTY Harford (Bush River) MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 1
STREET ADDRESS (If rural, give location) 1036 Wilmer Court ✓

3. NAME OF DECEASED (Type or Print): (First) James C. (Middle) Yerby (Last)
4. DATE OF DEATH: (Month) October (Day) 15 (Year) 1949

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 2/11/1905
9. AGE last birthday: 44 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Building Supply
11. BIRTHPLACE (State or foreign country): Baltimore Md.,
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Richard Yerby
14. MOTHER'S MAIDEN NAME: Mary Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes, W.W. 2
16. SOCIAL SECURITY NO.: 218-10-8587
17. INFORMANT: Jennie Briscoe 1036 Wimer Court

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

850.8 Immediate cause (a) Accidental Drowning — Interval Between Onset and Death: none

172 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Bush River (COUNTY) Edgewood (STATE) Harford Md
TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 15 1949 2P m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell out of boat

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Gerald C Palmer M.D. Deputy Medical Examiner Harford Co. Bel Air Md. 10/17/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Oct. 21, 1949
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore Md.

DATE REG'D BY LOCAL REG.: Oct 21, 1949
REGISTRAR'S SIGNATURE: Mase M. Monksdale
24. FUNERAL DIRECTOR: Elroy O. Wilson ADDRESS: Baltimore Md 1000 Brantley ave.,

RECEIVED
OCT 25 1949
BUREAU V. S.

09807

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH · COUNTY: Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place): 12 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Francis Villa	STREET ADDRESS (If rural give location): Commerce & Market

3. NAME OF DECEASED (Type or Print) (First) Sister Mary Yolanda (Middle) (Engel) (Last)			4. DATE OF DEATH (Month) 10/ (Day) 23/ (Year) 49 19		
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 9/23/1871	9. AGE last birthday: 78 yrs.	If under 1 year: Months 1 Days 0 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Rochester, N. Y.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Leo Engel			14. MOTHER'S MAIDEN NAME: Sophia Frank		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT: Hosp. Records		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease

93d (c) Arterio Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1945, to 10/23, 1949, that I last saw the deceased alive on 10/23, 1949, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles J Filey — ADDRESS: Havre de Grace Md — DATE SIGNED: 10/24/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 10/25/49	NAME OF CEMETERY OR CREMATORY: Glen Riddle	LOCATION (City, town, or county) (State): Glen Riddle, Pa.
DATE REC'D BY LOCAL REG: Oct. 24-49	REGISTRAR'S SIGNATURE: G. L. Lewis M.D.	24. FUNERAL DIRECTOR: Pennington & Son	ADDRESS: Pennington & Son, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 25 1949